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| **Formal Flexible Working into Retirement Request Form (Change to working arrangements)**  Please refer to the University’s Flexible Working into Retirement Policy prior to completion.  Ensure you have taken the necessary advice in relation to your financial implications and / or impact on state benefits.  To consider which working pattern will help you balance commitments outside of work with contractual duties and responsibilities.  Consider any effects a change in working pattern may have on your department / institution, together with how these may be accommodated. | | | |
| **Name** |  | **Job Title** |  |
| **Department** |  | **Line Manager** |  |
| **Employee Number** |  | | |

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| **PART 1: To be completed by the member of staff** | |
| **Qualifying Criteria:** | |
| **I would like to make a formal flexible working into retirement request hereby confirm that:** | **Tick** |
| I am over 55 years and have at least 2 years continuous service |  |
| I have not made a request for flexible working into retirement in the past 12 months/last academic year. |  |

**Current Working Pattern. 1 FTE is equivalent to 37 hours per week**

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| --- | --- | --- | --- | --- | --- |
| **Day** | **Start Time** | **Break/Lunch Time** | **Finish Time** | **Hours Worked** | **Place of Work** |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Total FTE |  | | | | |

**Flexible retirement changes to FTE**

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| --- | --- | --- |
| **Effective date of change** | **FTE** | **Comments** |
|  |  |  |
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|  |  |  |
|  |  |  |
| Final Retirement Date | 0 FTE |  |

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| **Details of alternative availability or flexibility for request if preferred working pattern cannot be accommodated:** |
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| **Additional Information to support application:** |
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| **If this is accepted by my Line Manager I would like to this new working arrangement to commence on:** |
| **Date** |  |

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| **Personal Declaration** | |
| * I confirm I have read and understood the University’s Flexible Working intoRetirement Policy. * (If applicable) I confirm that the conditions of my visa do not prevent me from making a permanent change to my employment. * I confirm I have considered the impact of any adjustments which will be made to my salary to reflect this change in working pattern and I am aware that this change will be permanent. | |
| **Signature** |  |
| **Date** |  |

**Please send completed form to your Line Manager for consideration.**

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| **PART 2: To be completed by the Line Manager** |
| **SECTION A: REQUEST APPROVED.** |
| **FORMAL ARRANGEMENTS:**  **I confirm my approval of the change requested:** |
| *Please provide details of the change agreed and the date in which it should take effect. Please provide any discussion comments and supporting information for this request:* |

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| **SECTION B: REQUEST DECLINED** | |
| **I confirm that I am unable to reach agreement in relation to the employee’s request for flexible working into retirement arrangements:** | |
| *Please provide details of relevant and supporting information relating to reasons for declining this request:* | |
| **Reason for declining request** | **Tick** |
| Detrimental effect on ability to meet customer and/or student demand |  |
| Inability to reorganise work amongst existing staff |  |
| Inability to recruit additional staff |  |
| Detrimental impact on quality |  |
| Detrimental impact on performance |  |
| Insufficiency of work during the periods the employee proposes to work |  |
| Planned structural changes |  |

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| **Manager Declaration** | |
| **I confirm I have considered this request in line with the University’s Flexible Working into Retirement Policy.** | |
| **Signature** |  |
| **Date** |  |

**Please send completed form to your Department of People, Performance and Culture Business Advisor and provide the employee with a copy.**

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| **Amendment to Contract Request Form – Flexible Working into Retirement** | General Black Portrait |
| **Please remember to only use this form to make amendments for flexible working into retirement.** | |

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| **1. CONTRACT DETAILS** | | | | | |
|  | | | | | |
| Name of Employee | |  | Post Ref |  |  |
|  | | | | | |
| School/Department | |  | | |  |
|  | | | | | |
| Job Title | ----------------------------------------------- | | | |  |
| Job Family  Academic  Professional Services  Research  Technical  Manual  Academic Job Type  Teaching & Research  Teaching Scholarly & Professional Practice  Research only | | | | | |

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| **2. Change to FTE** | | | | |
| |  |  | | --- | --- | | Effective date of change | FTE | |  |  | |  |  | |  |  | |  |  | |  | 0 FTE | | | | | |
|  | | | | |
| **3. FORM COMPLETED BY** | | | | |
|  | | | | |
|  | | | | |
| Name |  | School/Department |  |  |
|  | | | | |
| Job Title |  | Date of Request |  |  |
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| **4. AUTHORISATION** | | | | |
| **Head of College/Head of School/Head of Department** | | | | |
| Name |  | Date |  |  |
|  | | | | |

***Department of PPC – Please detach this form from the main ‘Flexible Working into Retirement Request’ before forwarding to Finance for approval.***

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| **DEPARTMENT OF PPC AUTHORISATION** | | | | |
| **Business Partner** | | | | |
| Name |  | Date |  |  |
|  | | | | |
|  | | | | |
| **FINANCE AUTHORISATION** | | | | |
| **Finance** | | | | |
| Name |  | Date |  |  |
|  | | | | |